

THE MUNICIPAL HOUSING AUTHORITY FOR THE CITY OF YONKERS

**Community Service/Economic Self-Sufficiency  
Activities Policy For Public Housing Residents**

Every adult member of a public housing unit is required to perform community service and/or participate in economic self-sufficiency activities eight (8) hours per month, or ninety-six hours (96) over the course of a year, UNLESS he/she is exempt. As a result of this federally mandated requirement, every non-exempt member of the Resident's dwelling unit who is eighteen (18) or older must prove compliance with the community service/economic self-sufficiency requirement at their annual re-certification.

**A. EXEMPT INDIVIDUAL:**

*You are exempt from the community service/self-sufficiency activity requirement if:*

- You are 62 years old or older; or
- You are working 20 hours or more per week; or
- You are blind or disabled **and** you certify to the Housing Authority that because of this disability you are unable to perform the service requirements; or
- You are the **primary** caretaker of a blind or disabled individual (the blind or disabled individual does not have to be a resident of public housing); or
- You are in vocational or job-skills training or another program directly related to readying a Resident for employment (including substance abuse or mental health treatment programs; job search and job readiness assistance programs), which program has not continued beyond a 12 month period; or
- You are a student at a junior, community or senior college or enrolled in a graduate degree program; or
- You are in an educational program directly related to employment and you have not received a high school diploma or GED; or
- You are in an educational program or in a course of study leading to a certificate of general equivalence (GED); or
- You receive Temporary Assistance for Needy Families (TANF) and you meet TANF's requirements of being exempt from having to engage in work activity; or
- Any member of your family receives Temporary Assistance for Needy Families (TANF) or participates in the Supplemental Nutrition Assistance Program (SNAP) and he/she has not been found to be in noncompliance with TANF or SNAP or other work requirements. Proof that a member of the family is currently receiving public assistance or SNAP is sufficient to establish this exemption.

**B. ANNUAL DETERMINATIONS:**

Every adult member of the Resident's household who asserts that he/she is exempt from the community service/economic self-sufficiency requirement, except Residents 62 or older, must complete a Community Service Requirement/ Economic Self-Sufficiency Exemption Form annually, and submit it to MHACY 30 days prior to the expiration of their lease. A copy of the Exemption Form is attached to this policy. Residents 62 and older are not required to submit an Exemption Form and/or otherwise document their entitlement to an exemption under this policy. Once the Exemption Form is submitted, MHACY will advise the Resident/adult household member of his/her exemption status.

MHACY will permit residents to change their exemption status during the year to reflect any changes in their personal circumstances.

**C. SERVICE REQUIREMENT:**

*If you are not exempt, you must perform community service work and/or be engaged in economic self-sufficiency activities, for a total of eight (8) hours every month, or ninety-six hours (96) over the course of a year.* You may combine your community service hours and your economic self-sufficiency activities to meet the required number of hours.

**D. ECONOMIC SELF-SUFFICIENCY ACTIVITIES:**

Participation in economic self-sufficiency activities includes participating in an economic self-sufficiency program, and/or participating in other activities that improve the quality of life, enhance self-sufficiency, or increase a Resident's self-responsibility in the community. These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, classes in English proficiency, workfare, financial or household management, an apprenticeship program, or any other program designed to ready a Resident for work. Participation in a substance abuse and/or mental health program also qualifies as a self-sufficiency activity. Other examples of qualifying activities include:

- Participation in programs run by MHACY [for example, Tenant Councils; the Tenant Patrol; monthly resident association meetings; Fire Safety Check Program; entry/exit door monitoring; MHACY gardening program; community center volunteer]
- Service in a Volunteer Ambulance Organization
- Service as a Hospital volunteer
- Service as a Parks Department volunteer

MHACY will give Residents the greatest choice possible in identifying economic self-sufficiency programs. Information pertaining to economic self-sufficiency programs offered by MHACY is available through the Resident's assigned Tenant Supervisor. Because MHACY seeks to encourage Residents to participate in its economic self-sufficiency programs, Residents are credited with two (2) hours for every one (1) hour they participate in MHACY programs. In those instances where a Resident chooses to participate in a program administered by an organization

other than MHACY, MHACY will verify your participation with that third-party annually. Residents are not allowed to self-certify that they have complied with the community service /economic self-sufficiency program requirement.

**E. COMMUNITY SERVICE:**

Community Service is defined as the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance self-sufficiency, or increase a Resident's self-responsibility in the community. You may fulfill your obligation to perform community service by volunteering with any nonprofit organization, except one that is organized for political purposes. You may also fulfill your community service obligation by providing childcare to an individual who is participating in a community service program. Some of the many nonprofit organizations located in Yonkers include the following:

**Community Service Organizations**

<u>Organization</u>	<u>Address</u>	<u>Phone Number</u>
American Red Cross	106 N Broadway, White Plains	946-6500
Boy Scouts of Westchester	41 Saw Mill River Rd, Hawthorne	773-1135
Girl Scouts of Westchester	2 Great Oak Ln, Pleasantville	747-3080
Ground Works	6 Wells Ave, Yonkers	375-2151
Habitat for Humanity	266 Riverdale Ave, Yonkers	966-0132
Hudson River Center		
Jewish Community Center (Ms. Feinman)	317 S. Broadway, Tarrytown	366-7898
Literacy Volunteers of Westchester	1 Larkin Center, 2 <sup>nd</sup> Fl, Yonkers	375-7964
Nepperhan Community Center	342 Warburten Ave, Yonkers	965-0203
One Stop Employment Center	20 S Broadway, Ste 1209, Yonkers	964-0105
Salvation Army Pantry	110 New Main St, Yonkers	963-1222
Salvation Army	110 New Main St, Yonkers	963-1222
Sharing Community (Kitchen)	1 Hudson St, Yonkers	963-2626
Spanish Community	204 Hawthorne Ave, Yonkers	457-9326
Progress Foundation		
St. Peter's Pantry (Rectry)	91 Ludlow St, Yonkers	963-0822
YMCA of Yonkers	17 Riverdale Ave, Yonkers	963-0183
Yonkers Public Library	1500 Central Park Ave Yonkers	337-1500
YWCA of Yonkers	87 S Broadway, Yonkers	963-0640

The community service organizations listed are some of organizations who seek the assistance of volunteers. Residents are also encouraged to consider completing their volunteer hours in a church, school, library or any other nonprofit organization. MHACY will give Residents the greatest choice possible in identifying community service opportunities.

MHACY recommends that non-exempt Residents who seek to meet the community service

requirement by volunteering at a nonprofit organization take the following three steps:

- STEP 1: Phone or visit a non-profit organization of your choice and inquire whether they could use a volunteer.
- STEP 2: Give the organization the attached blue “Important Notice to Community Service Providers” notice. This notice is intended to explain your service requirement and your responsibilities to report the volunteer hours you work to the Housing Authority.
- STEP 3: Perform your community service hours with your selected organization on the dates and times you have agreed to do so. Make sure the organization has your name and social security number to ensure that you receive credit each month for your community service.

That’s all you need to do if you volunteer with a nonprofit organization! Your chosen nonprofit organization will mail a record of your service time directly to the Housing Authority, and the Authority will credit you for the hours reported to us. Residents are not allowed to self-certify that they have complied with the community service /economic self-sufficiency program requirement.

**F. RAMIFICATIONS OF NON-COMPLIANCE:**

Remember that the community service /economic self-sufficiency program requirement is based upon federal law. Each year, at least 30 days before the end of your lease, MHACY is required by law to document your compliance with the community service /economic self-sufficiency program requirement. Community services at profit-motivated entities, volunteer work performed at homes or offices of general private citizens, are not eligible community service activities but court-ordered or probation-based work may be considered if the individual is required to perform that work for 20 hours per week or more. If any non-exempt adult member of your dwelling unit fails to perform community service and/or participate in an economic self-sufficiency program for eight (8) hours each month or ninety-six hours (96) over the course of a year, MHACY will issue a written notice to you that your family is in non-compliance with the law, and that if the head of household and the non-compliant family member fail to cure that non-compliance by entering into an Work-Out Agreement to make up those hours over the following 12 month period of the new lease, MHACY will not again renew your lease, and the entire family will be required to vacate the dwelling unit, unless the non-compliant member agrees to move out. All notices sent to the Residents which assert non-compliance by a family member(s) with the community service requirement are subject to MHACY’s Grievance Procedure.

As head of household and/or an adult member of a public housing unit I acknowledge that I have received and read MHACY’s Community Service/Economic Self Sufficiency Requirement Policy For Public Housing Residents, and I understand and acknowledge that I am responsible for compliance with its provisions. Specifically I acknowledge that unless I am entitled to an exemption, I am required by law to contribute 8 hours per month (96 hours over the course of

every 12 month period) of community service or participate in an economic self-sufficiency program. Additionally I acknowledge that in the event I violate this policy, both the head of household and I have the obligation to correct that non-compliance upon demand by MHACY, or be subject to the non-renewal of our lease, as provided for herein.

My signature below certifies I received notice of this requirement on the date indicated below.

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Name (please print)	Address	Unit Number
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Resident Signature	Date
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The Municipal Housing Authority for the City of Yonkers (Official)	Date
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**IMPORTANT**  
Each household member age 18 to 61 must complete their own Exemption Form.

**COMMUNITYSERVICE/ECONOMIC  
SELF-SUFFICIENCY EXEMPTION FORM**

\* \* \* \* \*

Return this completed form  
and all verification  
documents to MHACY

**SELF-CERTIFICATION**

**!!Please Print!!**

**Name** \_\_\_\_\_ **Lease #** \_\_\_\_\_  
Last First MI

**Address** \_\_\_\_\_  
Street Address Apt. # City State Zip Code

**Home Phone** \_\_\_\_\_ **Head of Household** \_\_\_\_\_

**Relationship to Head of Household:**  Self  Spouse  Child  Other \_\_\_\_\_  
(Explain)

**I, the undersigned, submit that I am exempt from fulfilling the Community Service/Economic Self-Sufficiency Activity Requirement for the following reason/s: (Check Boxes)**

- |   |   |
|---|---|
| <input type="checkbox"/> I am working at least 20 hours each week   | <input type="checkbox"/> I have a disability                                  |
| <input type="checkbox"/> I am in school or taking job-readiness classes   | <input type="checkbox"/> I am blind   |
| <input type="checkbox"/> I am a participant in FSS (the Family Self-Sufficiency Program) or another Employment Support or Welfare-to-Work Program | <input type="checkbox"/> I am caring for a family member who has a disability |
|   | <input type="checkbox"/> I am exempt because _____                            |

**I have enclosed the following verification for the reason/s noted above:(Check boxes)**

- |   |  |
|---|--|
| <input type="checkbox"/> A letter from my employer or a copy of a pay stub verifying at least 20 hours work each week   | <input type="checkbox"/> A copy of my SSI letter, Social Security or SS-Disability Letter <b><u>OR</u></b> Letter from my medical provider documenting the period of time that I am unable to work |
| <input type="checkbox"/> Verification of blindness from a medical provider  |  |
| <input type="checkbox"/> A letter from my school or educational program or copy of this semester's schedule   | <input type="checkbox"/> A letter from medical provider verifying family member's need for caretaker and SSI Letter or SS-Disability letter from family member with a disability                   |
| <input type="checkbox"/> A letter from the FSS Program, Employment Support or Welfare-to-Work Program verifying participation or documentation from DSS that a member of my family is receiving public assistance or SNAP | <input type="checkbox"/> The following document evidences my exemption:<br>_____<br>_____  |

**I certify that the information above is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ (4.12.17)

THE MUNICIPAL HOUSING AUTHORITY  
FOR THE CITY OF YONKERS  
1511 CENTRAL PARK AVENUE  
P.O. BOX 35, YONKERS, NEW YORK 10710  
TEL: (914) 793-8400

**Important Notice to Community Service Providers:**

Dear Service Provider:

Every adult member of a public housing unit is required to perform community service and/or participate in economic self-sufficiency activities eight (8) hours per month, or ninety-six hours (96) over the course of a year, unless he/she is exempt.

You can assist our residents by providing them with an opportunity to complete this requirement by allowing them to perform volunteer work with you nonprofit organization.

All the Housing Authority requires is for you to send on your official letterhead a statement each month with the following required information:

**Volunteer's Name      Social Security Number      Dates Worked      Total Hours**

The document must be signed and contain the phone number of person signing the statement. This work statement must be received by the Housing Authority by the 5<sup>th</sup> day of the month following the month the work was performed in order for us to properly credit the resident. The statement will list all Public Housing residents that performed their community service requirement with your organization. Please mail the "Work Report" to:

**The Municipal Housing Authority for the City of Yonkers  
Attn: Work Report  
1511 Central Park Avenue  
P.O. Box 35  
Yonkers, New York 10710**

Please note that our residents are also required to keep track of their hours, and are provided with a Community Service Verification Form to facilitate compliance with that obligation. Please assist them by signing the form upon request.

Thank you for assisting our residents; if you have any questions please call Lakisha Collins at 914-964-8400.

Very truly yours,

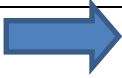
Joseph Shuldiner  
Executive Director

**THE MUNICIPAL HOUSING AUTHORITY FOR THE CITY OF YONKERS  
COMMUNITY SERVICE VERIFICATION FORM**

Participant's Name: \_\_\_\_\_ Participant's Social Security #: \_\_\_\_\_

Name of the Community Service Organization: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

DATE	WORK DESCRIPTION	# OF HOURS WORKED
<b>TOTAL # OF HOURS</b>	(add all hours recorded on this sheet and insert total in # of hours worked column) 	

**Supervisor's Certification:** I, \_\_\_\_\_ (name) certify that I am employed by the Organization listed above; that I supervised the work of the Participant; and that the Participant worked the number of hours stated. \_\_\_\_\_  
(Supervisor's Signature)



## Community Service & Self-Sufficiency Work-Out Agreement

Date: \_\_\_\_\_

Noncompliant Adult: \_\_\_\_\_

Adult family member: \_\_\_\_\_

### **Community Service & Self-Sufficiency Requirement (CSSR):**

Under Section 12 of the U.S. Housing Act MHACY is required to enforce the community service and self-sufficiency requirement (CSSR). Under the CSSR, each nonexempt adult family member residing in public housing must perform 8 hours per month and/or 96 hours per year of community service or self-sufficiency activities. Any blocking of hours is acceptable as long as 96 hours is completed by each annual certification of compliance

**Noncompliance:** MHACY has found that the nonexempt individual named above is in noncompliance with the CSSR. This work-out agreement is MHACY's written notification to you of this noncompliance.

Our records show that for the most recent lease term you were required to perform \_\_\_\_\_ hours of CSSR activities. However, there were \_\_\_\_\_ hours of verified CSSR activities. Therefore, you are in noncompliance for \_\_\_\_\_ hours.

MHACY will not renew the lease at the end of the current 12-month lease term unless the head of household and noncompliant adult sign a written work-out agreement with MHACY or the family provides written assurance that is satisfactory to MHACY explaining that the noncompliant adult no longer resides in the unit. The regulations require that the work-out agreement include the means through which a noncompliant family member will comply with the CSSR requirement. [24 CFR 960.607(c), Notice PIH 2015-12]. The terms of the CSSR work-out agreement are on the reverse side of this page.

**Enforcement:** Should a family member refuse to sign this CSSR work-out agreement, or fail to comply with the terms of this CSSR work-out agreement, or fail to provide satisfactory written assurance that the noncompliant adult no longer resides in the unit, MHACY is required to initiate termination of tenancy proceedings at the end of the current 12-month lease [24 CFR 966.53(c)].

